

AUTO CR - LOG SUMMARY #1072574

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the subject refused to provide the officers the rental agreement for his vehicle during a traffic stop. When Officer Mayer reached into the vehicle to get the agreement out of the glove box, the subject rolled up the window with Officer Mayer's arm inside. Fearing that Officer Mayer may sustain great bodily harm, Officer Mayhew discharged his weapon once but the round did not strike the offender. The subject fled from the scene.	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	RUIZ, BERSCOTT F		140 /	DEP CHIEF	M	S		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
15-NOV-2014 09:29 - 15-NOV-2014 09:29		2233	022	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject					M	BLK	CHICAGO	
CPD Employee	Witness	MAYER, MARK A	14619	005 /	POLICE OFFICER	M	WHI		
CPD Employee	Involved Member	MAYHEW, MICHAEL R	14138	008 /	POLICE OFFICER	M	WHI		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20A - GROUP 20 - NOTIFICATIONS SHOTS FIRED - NO HITS	Y	Y

Investigator History

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	28-JAN-2015 10:41	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	28-JAN-2015 10:41	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	09-DEC-2014 08:05	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	09-DEC-2014 07:16	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	09-DEC-2014 07:16	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	02-DEC-2014 07:28	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Needs drug/alcohol reports
PRELIMINARY	17-NOV-2014 08:14	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Needs final TRRs, Battery Report, drug/alcohol results.
PRELIMINARY	17-NOV-2014 07:37	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	Drug Test results needed
PENDING SUPERVISOR REVIEW	16-NOV-2014 01:40	COSEY, ROBERT	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	15-NOV-2014 11:13	CHIBE, JOHN	POLICE OFFICER	116 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					CHIBE, JOHN	15-NOV-2014 11:13			
	DOCUMENTS - INTAKE INCIDENT		14		N	TOUSANT, LISA	09-DEC-2014 07:16	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Mark Mayer	N	HAYES, SHANNON	02-DEC-2014 07:25	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	no narrative	N	COSEY, ROBERT	16-NOV-2014 01:33	DELETED		
	DOCUMENTS - INTAKE INCIDENT		2	not final	N	COSEY, ROBERT	16-NOV-2014 01:36	DELETED		
	DOCUMENTS - INTAKE INCIDENT		3	[REDACTED] Battery - Aggravated Po: Other Dang Weap	N	HAYES, SHANNON	17-NOV-2014 08:13	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	not final	N	COSEY, ROBERT	16-NOV-2014 01:34	DELETED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Michael Mayhew	N	HAYES, SHANNON	02-DEC-2014 07:26	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Mark Mayer	N	HAYES, SHANNON	02-DEC-2014 07:25	APPROVED		

Review Incident

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 15-NOV-2014) - LOG #1072574

TYPE: INFO

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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20A - GROUP 20 - NOTIFICATIONS SHOTS FIRED - NO HITS	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	15-NOV-2014 23:13	CHIBE, JOHN	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	28-JAN-2015 10:41	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	28-JAN-2015 10:41	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PRELIMINARY	15-NOV-2014 11:13	CHIBE, JOHN	POLICE OFFICER	116 /	

INCIDENT	ASSIGNED TO FIELD		
	IUCR: 0453 - Battery - Aggravated Po: Other Dang Weap		
	Occurrence Location: [REDACTED] 304 - Street	Beat: 2233	Unit Assigned: 2233 RO Arrival Date: 15 November 2014 21:33
	Occurrence Date: 15 November 2014 21:29		# Offenders: 1

NON-OFFENDER(S)	VICTIM - Individual		Police Officer
	Name: P.O. MAYER #14619 3510 S Michigan Ave Beat: 0213 Chicago, Illinois 312 - 747 - 8210 Sobriety: Sober CPD Officer: Yes		

NON-OFFENDER(S)	WITNESS - Individual		Police Officer
	Name: P.O. MAYHEW #14138 3510 S Michigan Ave Beat: 0213 Chicago, Illinois 312 - 747 - 8730 Sobriety: Sober CPD Officer: Yes		

INJURY(S)	Injury Info (P.O. MAYER #14619 - Victim)		
	Injured BY offender	Extent: Minor	
		CFD First Aid Given? Yes	Hospital: [REDACTED]
	Responding Unit: AMBULANCE 29		
Physician Name: MAMDANI			
<u>Type</u>		<u>Weapon Used</u>	
Blunt Trauma		Motor Vehicle	

SUSPECT(S)	Suspect # 1		In Custody
	Name: [REDACTED]	Demographics	
		Male	DOB: [REDACTED]
		Black	Age: 24 years
		5'09, 180 lbs , Brown Eyes Unknown Hair Unknown Hair Style Unknown Complexion	Birth Place: Illinois DLN: [REDACTED] IL Suspected of Using: Vehicle
Descriptions			
		Clothing Description: Bottom - Blue Underwear Other; Bottom - Black Jeans	

Chicago Police Department - Incident Report

RD #: [REDACTED]

RELATIONSHIP

P.O. MAYER #14619

(Victim)

is a No Relationship of [REDACTED]

(Offender)

OTHER

Miscellaneous

Victim Information Provided

Flash Message Sent ? Yes

VEHICLE

Vehicle #1

Vehicle: 2014 Dodge - Charger - Automobile

Owner: Ean Holdings Llc

Color- Black/Black

Style: Hardtop, 4-Door

Top/Bottom:

Stolen? No

Damaged? No

Destroyed? No

Burned? No

Theft From? No

Recovered? No

Possessor/User: [REDACTED]

VIN # [REDACTED]

License Plate #: [REDACTED] Illinois -
Passenger Car

Expires: December-2016

Towed? No

NOTIFICATIONS

Request Type	Unit	Agency Name	Date	Star #	Name
Notification	116	Deployment Operations Center	16 November 21:50	7303	CHIBE,
Other Notifications May Be In Narrative.					
Request	277	Forensic Services Evidence Technician Section	16 November 22:43		CRIME LAB,
Notification		Office Of News Affairs	16 November 01:49	19618	ALFARO,

NARRATIVES

PERSONNEL

Reporting Officer	11135	[REDACTED]	LIAKOPOULOS, Christoph	[REDACTED]	16 Nov 2014 01:57	022	2233
Detective/Investigator	20371	[REDACTED]	SCHLEDER, Eugene, F	[REDACTED]	16 Nov 2014 05:15	620	



Chicago Police Department - Incident Report

RD #: [REDACTED]

IUCR ASSOCS.

Victim	IUCR	Crime
P.O. MAYER #14619	0453	Battery - Aggravated Po: Other Dang Weap

Offender

[REDACTED]



TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 15-NOV-2014		TIME 21:29:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 304		4. BEAT/OCCUR 2233												
	5. POSITION 9161		6. LAST NAME MAYHEW		7. FIRST NAME MICHAEL R		8. STAR NO. 14138		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 510		13. WT. 179					
	14. DATE OF APPT. 04-AUG-1997		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 008 4514A		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No											
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 509		27. WT. 145							
SUBJECT INFORMATION	28. ADDRESS CHICAGO, IL				29. TELEPHONE NO. [REDACTED]				30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM?				35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid													
	36. CHARGES PLACED [REDACTED]				37. CB NO. [REDACTED]				IR NO. [REDACTED]				DNA <input type="checkbox"/>									
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>																					
	SUBJECT'S ACTIONS		PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____				ACTIVE RESISTER FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____				ASSAILANT: ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____				ASSAILANT: BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____				ASSAILANT: DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____			
MEMBER'S RESPONSE			MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____				OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____				ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____				KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>				FIREARM <input checked="" type="checkbox"/> OTHER _____			
	39. DNA <input type="checkbox"/>																					
WEAPON DISCHARGE INCIDENT	40. ADDITIONAL INFORMATION TRAFFIC STOP-HEADLIGHTS DRIVER IN RENTAL CAR-NOT HIS. REFUSED TO GIVE RENTAL AGREEMENT IN GLOVE BOX. PARTNER REACHED IN TOWARD GLOVE BOX. OFF ROLLED UP WINDOW WITH PARTNER INSIDE. R/O FIRED ONE ROUND AT OFF FROM REAR AS PARTNER WAS IN GREAT BODILY DANGER.																					
	POSITION		STAR NO.		UNIT																	
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors				43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial				44. WEATHER CONDITIONS CLEAR									
	45. MAKE/MANUFACTURER F.I. INDUSTRIES (FORMERLY) -US- (BERETTA USA CORP. BRONCO)				46. MODEL 92D				47. BARREL LENGTH 4				48. CALIBER/GAUGE 9 MM									
	49. TASER DART ID NO. [REDACTED]				50. WEAPON SERIAL No. (Include Letters) [REDACTED]				51. CHICAGO GUN REG. NO. [REDACTED]				52. IL FIREARM OWNER ID. NO. [REDACTED]				53. HANDGUN CERTIFICATE NO. [REDACTED]					
	54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]				55. PROPERTY INVENTORY NO. [REDACTED]				56. TYPE OF AMMUNITION USED Department Issued				57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1				58. TOTAL NO. OF SHOTS MEMBER FIRED 1					
	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)				60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO				61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED				62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)									
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO													
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.																	
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN				69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)																	
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																					
	73. REPORTING MEMBER (Print Name) MAYHEW, MICHAEL R STAR/EMPLOYEE NO. 14138 SIGNATURE [REDACTED] 16-NOV-2014 00:57:34																					
SIGNATURES	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																					
	74. REVIEWING SUPERVISOR (Print Name) KRANZ, DANIEL R				STAR NO. 1854				SIGNATURE [REDACTED]				DATE REVIEWED 16-NOV-2014 01:24:02				TIME					

PD 11.37 (REV. 10/07)

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

NOT

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

APPROVED

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☐ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

SIGNATURE

DATE COMPLETED

TIME

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.O. REPORT

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR's THIS EVENT No.

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) MAYER, MARK A		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. 14619	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE [REDACTED]	
DATE OF APPOINTMENT 18-MAR-1996	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
UNIT OF ASSIGNMENT 005	BEAT/CALL NO. 4514A	LOCATION CODE 304-STREET	BEAT OF OCCURRENCE 2233
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	
HEIGHT 508	WEIGHT 160	DATE OF OCCURRENCE 15-NOV-2014	TIME 21:29:00 DAY OF WEEK SATURDAY
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED <u>1</u>	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	
TYPE OF ACTIVITY		MANNER OF ATTACK	
<input type="checkbox"/> A. AMBUSH -NO WARNING <input checked="" type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER		<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
		TYPE OF WEAPON/THREAT	
		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> D. HANDS/FISTS <input checked="" type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> E. FEET <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
		<input checked="" type="checkbox"/> B. VEHICLE <input checked="" type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input checked="" type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT	
		FIREARM USE INFORMATION (Check all that apply):	
		<input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
		OFFENDER INFORMATION	
		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK DOB [REDACTED]
		CB NO.	IR NO.
TYPE OF INJURY TO OFFICER		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED?	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		<input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN	
LIGHTING CONDITIONS AT INCIDENT		NO. OF OFFENDERS PRESENT? <u>1</u>	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD		WEATHER CONDITIONS	
		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND	
		APPROXIMATE OUTDOOR TEMPERATURE: <u>30° F</u>	

NOT APPROVED

REPORTING MEMBER - SIGNATURE MAYER, MARK A	STAR NO. 14619	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
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CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C)

RD #: [REDACTED]
EVENT #: [REDACTED]
Case ID: [REDACTED]

ASSIGNED TO FIELD

INCIDENT

IUCR: 0453 - Battery - Aggravated Po: Other Dang Weap

Occurrence
Location:

304 - Street

Beat: 2233

Unit Assigned: 2233

RO Arrival Date: 15 November 2014 21:33

Offenders: 1

Occurrence Date: 15 November 2014 21:29

NON OFFENDER

VICTIM - Individual

Police Officer

Name: P.O. MAYER #14619

3510 S Michigan Ave

Beat: 0213

Chicago, IL

312 - 747 - 8210

Sobriety: Sober

Demographics

Age: Years

WITNESS - Individual

Police Officer

Name: P.O. MAYHEW #14138

3510 S Michigan Ave

Beat: 0213

Chicago, IL

312 - 747 - 8730

Sobriety: Sober

Demographics

Age: Years

INJURIES

Injury Info (P.O. MAYER #14619 - Victim)

Injured by offender

Injury Extent: Minor

CFD First Aid
Given? Yes

Hospital:

Responding Unit: AMBULANCE 29

Physician Name:

Type

Blunt Trauma

Weapon Used

Motor Vehicle

SUSPECTS

Suspect # 1

In Custody

Name:

Demographics

Male

DOB:

Black

Age: 24 years

5'09,

Birth Place: IL

180 lbs

DLN:

Brown Eyes

Unknown Hair

Suspected of Using: Vehicle

Unknown Hair Style

Unknown Complexion

Descriptions

Clothing Description: Bottom - Blue Underwear Other; Bottom
- Black Jeans

RELATIONSHIP

(Victim)
P.O. MAYER #14619

is a No Relationship of

(Offender)

DOMESTIC INFO

OTHER

Miscellaneous

Victim Information Provided

Flash Message Sent ? Yes

VEHICLE

Vehicle #1

Vehicle: 2014 Dodge - Charger - Automobile

Damaged?

No

Owner:

Style: Hardtop, 4-Door

Possessor/User:

Color-Top/Bottom: Black/Black

Theft From?

No

Towed?

No

VIN#:

Burned?

No

License Plate #: Illinois - Passenger Car

Destroyed?

No

Expires: 01-December-2016

Recovered?

No

Stolen?

No

NOTIFICATIONS

Request Type	Unit	Agency Name	Date	Star #	Name
Notification	116	Deployment Operations Center	16 November 2014 21:50	7303	,CHIBE
Request Type	Unit	Agency Name	Date		Name
Request	277	Forensic Services Evidence Technician Section	16 November 2014 22:43		,CRIME LAB
Request Type			Date	Star #	Name
Notification			16 November 2014 01:49	19618	,ALFARO



NARRATIVE

EVENT # [REDACTED] THIS IS A POLICE INVOLVED SHOOTING, FOR INVESTIGATIVE DETAILS, REFER TO THE DETECTIVE DIVISION SUPPLEMENTARY REPORT FILED UNDER RD [REDACTED]
NOTIFICATION: VIOLENT CRIMES PIERCE Beat#: 5250 Star#: 2515 Emp#: Date: 15-NOV-2014 Time: 2150 NOT
NOTIFICATION: DISTRICT DESK BOONE Beat#: 2201 Star#: 1751 Emp#: Date: 15-NOV-2014 Time: 2140 NOT
NOTIFICATION: VIOLENT CRIMES SCHADER Beat#: Star#: 20371 Emp#: Date: 15-NOV-2014 Time: 2200 ONS
NOTIFICATION: VIOLENT CRIMES SHALABI Beat#: Star#: 20440 Emp#: Date: 15-NOV-2014 Time: 2200 ONS
NOTIFICATION: VIOLENT CRIMES Beat#: 5293 Star#: Emp#: Date: 16-NOV-2014 Time: 2300 ONS
- STAR#: 11135 NAME: CHRISTOPH LIAKOPOULOS BEAT: 2233
- STAR#: 19576 NAME: KARLISA WILLIAMS BEAT: 2233
- STAR#: 2381 NAME: ADAM ZELITZKY BEAT: 2230
- STAR#: 1576 NAME: THOMAS HAWKINS BEAT: 2210R
- STAR#: 397 NAME: KEITH REYNOLDS BEAT: 2201
- STAR#: 470 NAME: DANIEL GODSEL BEAT: 2200
- STAR#: 382 NAME: BERSCOTT RUIZ BEAT: 4C
- STAR#: 386 NAME: GREGORY KLICHOWSKI BEAT: 4510
- STAR#: 1854 NAME: DANIEL KRANZ BEAT: 4514
- STAR#: NAME: BEAT: 5293
- STAR#: NAME: BEAT: 5295
- STAR#: NAME: BEAT: PH1
- STAR#: NAME: BEAT: 4606
- STAR#: NAME: BEAT: 4604
- STAR#: NAME: BEAT: 4514A
- STAR#: NAME: BEAT: 2223
- STAR#: NAME: BEAT: 0532
- STAR#: NAME: BEAT: 2213
- STAR#: NAME: BEAT: 2213R
- STAR#: NAME: BEAT: 0564A
- STAR#: NAME: BEAT: 0564C
- STAR#: NAME: BEAT: 0533R
- STAR#: NAME: BEAT: 0513R
- STAR#: NAME: BEAT: 4514B
- STAR#: NAME: BEAT: 2233R
- STAR#: NAME: BEAT: 2222
- STAR#: NAME: BEAT: 2221R
- STAR#: NAME: BEAT: 4514C
- STAR#: NAME: BEAT: 6728
- STAR#: NAME: BEAT: 6728C
- STAR#: NAME: BEAT: 6728D
- STAR#: NAME: BEAT: 4258B
- STAR#: 1900 NAME: RICHARD ROCHOWICZ JR BEAT: 2262

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Approving Supervisor	1751	[REDACTED]	BOONE, Ricky, L	[REDACTED]	16 Nov 2014 02:00	022	
Detective/Investigator	20440	[REDACTED]	SHALABI, Majdi, A	[REDACTED]	16 Nov 2014 18:28	620	
Detective/Investigator	20371	[REDACTED]	SCHLEDER, Eugene, F	[REDACTED]	16 Nov 2014 05:15	620	
Reporting Officer	11135	[REDACTED]	LIAKOPOULOS, Christoph	[REDACTED]	16 Nov 2014 01:57	022	2233



OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

NAME (LAST - FIRST - M.I.)
MAYER, MARK A

STAR NO.
14619

DATE OF APPOINTMENT
18-MAR-1996

UNIT OF ASSIGNMENT
005

SEX
☒ 1. M ☐ 2. F

RACE
WHITE

DOB
[REDACTED]

HEIGHT
508

WEIGHT
160

POSITION
POLICE OFFICER

EMPLOYEE NO.
[REDACTED]

BEAT/CALL NO.
4514A

TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED

☒ 1. ON DUTY
☒ A. UNIFORM, PATROL DUTY
☐ B. UNIFORM, OTHER DUTY
Describe _____

☐ C. CITIZEN'S DRESS
☐ D. TACTICAL
☐ E. B.I.S. UNIT
☐ F. SPECIAL EMPLOYMENT
☐ G. OTHER _____

☐ 2. OFF DUTY
☐ 3. SPECIAL EMPLOYMENT
☐ 4. SECONDARY / OTHER

WORKING:
☐ A. ALONE
☒ B. WITH ONE PARTNER
☐ C. WITH MULTIPLE PARTNERS
How many? _____

PATROL TYPE:
☒ A. SQUAD CAR
☐ B. FOOT
☐ C. BICYCLE
☐ D. APV/MOTORCYCLE
☐ E. SQUADROL
☐ F. OTHER _____

TYPE OF ACTIVITY

☐ A. AMBUSH - NO WARNING
☒ B. TRAFFIC STOP/PURSUIT
☐ C. INVESTIGATING SUSPICIOUS PERSON
☐ D. DISTURBANCE - DOMESTIC
☐ E. DISTURBANCE - MENTAL PATIENT
☐ F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER
☐ G. DISTURBANCE - OTHER
☐ H. MAN WITH A GUN
☐ I. PURSUING/ARRESTING OFFENDER (Specify)
CHARGE _____ IUCR CODE _____

☐ J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify)
ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____

☐ K. OTHER

TYPE OF INJURY TO OFFICER

☐ A. FATAL
☐ B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries)
☒ C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)
☐ D. NONE APPARENT/NONE

LIGHTING CONDITIONS AT INCIDENT

☐ A. DAYLIGHT
☒ B. NIGHT
☐ C. DAWN
☐ D. DUSK
☐ E. ARTIFICIAL LIGHT
☐ 1. POOR
☐ 2. GOOD

INCIDENT INFORMATION

☐ 1. INDOOR
☒ 2. OUTDOOR

ADDRESS OF OCCURRENCE
[REDACTED]

CITY
☒ CHICAGO

STATE (If outside Chicago)
[REDACTED]

LOCATION CODE
304-STREET

BEAT OF OCCURRENCE
2233

DATE OF OCCURRENCE
15-NOV-2014

TIME
21:29:00

DAY OF WEEK
SATURDAY

NO. OF OFFICERS BATTERED
1

WERE THERE ASSISTING UNITS ON SCENE? 1. ☐ YES 2. ☒ NO
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? 0

MANNER OF ATTACK

☐ 01. SHOT
☐ 02. SHOT AT
☐ 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)
☒ 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)
☐ 05. OTHER (INCLUDING VERBAL THREATS)

TYPE OF WEAPON/THREAT

(Check all that apply):
☐ A. FIREARM CALIBER _____
☐ 1. REVOLVER
☐ 2. SEMI-AUTOMATIC
☐ 3. RIFLE
☐ 4. SHOTGUN
☐ D. HANDS/FISTS
☐ E. FEET
☐ F. MOUTH (SPIT, BITE, ETC.)
☐ G. VERBAL THREAT (ASSAULT)
☐ H. OTHER (SPECIFY) _____
☒ B. VEHICLE
☒ 1. OFFICER STRUCK WITH VEHICLE
☒ 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE
☐ C. KNIFE/OTHER CUTTING INSTRUMENT
☐ I. BLUNT INSTRUMENT

FIREARM USE INFORMATION

(Check all that apply):
☐ A. OFFICER AT GUNPOINT
☐ B. OFFICER'S OWN WEAPON OBTAINED
☐ C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON

OFFENDER INFORMATION

SEX
☒ 1. M ☐ 2. F

RACE
BLACK

DOB
[REDACTED]

CB NO.
[REDACTED]

IR NO.
[REDACTED]

TYPE OF OFFENDER'S ACTIVITY

WAS THE OFFENDER'S ACTIVITY:
DRUG RELATED?
☐ 1. YES
☐ 2. NO
☒ 3. UNKNOWN

GANG RELATED?
☐ 1. YES
☐ 2. NO
☒ 3. UNKNOWN

NO. OF OFFENDERS PRESENT?
1

WEATHER CONDITIONS

☒ A. CLEAR
☐ B. RAIN
☐ C. SNOW
☐ D. FOG / SMOKE / HAZE
☐ E. SLEET / HAIL
☐ F. SEVERE CROSS WIND
☐ G. OTHER
APPROXIMATE OUTDOOR TEMPERATURE: 30 °F

CPD-11.451 (REV. 1/04)

CPD 0266339

-

REPORTING MEMBER - SIGNATURE	STAR NO.	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE	STAR NO.
MAYER, MARK A	14619	RUIZ, BERSCOTT F	382

1. DATE OF INCIDENT 15-NOV-2014		TIME 21:29:00		2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE 304		4. BEAT/OCCUR 2233										
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME MAYER		7. FIRST NAME MARK A		8. STAR NO. 14619		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 508		13. WT. 160			
	14. DATE OF APPT. 18-MAR-1996		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 005 4514A		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 509		27. WT. 145					
	28. ADDRESS CHICAGO, IL		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No											
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid															
36. CHARGES PLACED [REDACTED]		37. CB NO. [REDACTED]		IR NO. [REDACTED]		38. <input type="checkbox"/> DNA														
REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE									
	MEMBER'S RESPONSE		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER [REDACTED]		FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER [REDACTED]		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER [REDACTED]		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER [REDACTED]		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER [REDACTED]									
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER [REDACTED]		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER [REDACTED]		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER [REDACTED]		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER [REDACTED]		FIREARM <input type="checkbox"/> OTHER R/O PULLED HANDGUN											
	39. <input checked="" type="checkbox"/> DNA		40. ADDITIONAL INFORMATION [REDACTED]																	
CASE INFO.	POSITION [REDACTED]		STAR NO. [REDACTED]		UNIT [REDACTED]															
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER [REDACTED]		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR													
SIGNATURES	45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]													
	49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL NO. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]													
72.	53. HANDGUN CERTIFICATE NO. [REDACTED]		54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 0		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]									
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) [REDACTED]		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (SPECIFY) [REDACTED]													
71. R.D. NO.	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (SPECIFY) [REDACTED]		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO															
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																	
70. EVENT NO.	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]																	
	73. REPORTING MEMBER (Print Name) MAYER, MARK A		STAR/EMPLOYEE NO. 14619		SIGNATURE [REDACTED]															
71. R.D. NO.	74. REVIEWING SUPERVISOR (Print Name) KRANZ, DANIEL R		STAR NO. 1854		SIGNATURE [REDACTED]		DATE REVIEWED 16-NOV-2014 02:14:22													
	75. REVIEWING SUPERVISOR (Print Name) [REDACTED]		STAR NO. [REDACTED]		SIGNATURE [REDACTED]		DATE REVIEWED [REDACTED]													

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject not in custody at the time of this incident.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the available at the time of this report, it is the preliminary determination of the undersigned that officer Mayer #14619 acted in compliance with Department Policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1072574 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

RUIZ, BERSCOTT F

SIGNATURE

DATE COMPLETED TIME

29-NOV-2014 23:20:53

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

2

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 15-NOV-2014		TIME 21:29:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 304		4. BEAT/OCCUR 2233																			
	5. POSITION 9161		6. LAST NAME MAYHEW		7. FIRST NAME MICHAEL R		8. STAR NO. 14138		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 510		13. WT. 179												
	14. DATE OF APPT. 04-AUG-1997		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 008 4514A		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																		
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 509		27. WT. 145														
SUBJECT INFORMATION	28. ADDRESS CHICAGO, IL				29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM?		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																						
	36. CHARGES PLACED [REDACTED]								<input type="checkbox"/> DNA		37. CB NO. [REDACTED]		IR NO. [REDACTED]		<input type="checkbox"/> DNA														
REASON FOR USE OF FORCE (Check all that apply)																													
	38. <input type="checkbox"/> DNA																												
SUBJECT'S ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE																				
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____																				
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/> OTHER _____																				
WEAPON DISCHARGE INCIDENT	39. <input type="checkbox"/> DNA																												
	40. ADDITIONAL INFORMATION TRAFFIC STOP-HEADLIGHTS DRIVER IN RENTAL CAR-NOT HIS. REFUSED TO GIVE RENTAL AGREEMENT IN GLOVE BOX. PARTNER REACHED IN TOWARD GLOVE BOX. OFF ROLLED UP WINDOW WITH PARTNER INSIDE. R/O FIRED ONE ROUND AT OFF FROM REAR AS PARTNER WAS IN GREAT BODILY DANGER.																												
	POSITION [REDACTED]		STAR NO. [REDACTED]		UNIT [REDACTED]																								
	41. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR																						
45. MAKE/MANUFACTURER F.I. INDUSTRIES (FORMERLY) --US-- (BERETTA USA CORP. BRONCO)		46. MODEL 92D		47. BARREL LENGTH 4		48. CALIBER/GAUGE 9 MM																							
49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL NO. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]																					
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED Department Issued		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 1																					
59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CATDRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)																							
63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD																											
65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO																													
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.																											
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																											
CASE INFO.	70. EVENT NO. [REDACTED]																												
	71. R.D. NO. [REDACTED]																												
SIGNATURES	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																												
	73. REPORTING MEMBER (Print Name) MAYHEW, MICHAEL R		STAR/EMPLOYEE NO. 14138		SIGNATURE [REDACTED]																								
74. REVIEWING SUPERVISOR (Print Name) KRANZ, DANIEL R																		STAR NO. 1854		SIGNATURE [REDACTED]				DATE REVIEWED 16-NOV-2014 01:24:02				TIME	
75. (REV. 10/07)																													

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject not in custody at the time of this incident.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at the time of this report, it is the preliminary determination of the undersigned that Officer Mayhew #14138 acted in compliance with Department Policy in that he fired his weapon at a vehicle that was dragging his partner, Officer Mayer #14619, which placed Officer Mayer in fear of his life.

Log# 1072574

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1072574 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

RUIZ, BERSCOTT F

SIGNATURE

DATE COMPLETED

TIME

29-NOV-2014 23:33:45

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☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

BUREAU OF INTERNAL AFFAIRS
Investigations Division
Special Investigations Section

16 Nov 2014
Log 1072574

TO: Juan J. RIVERA
Chief
Bureau of Internal Affairs

ATTN: Robert Klimas
Commander
Bureau of Internal Affairs

ATTN: Lt. Susan Clark #320
Bureau of Internal Affairs
Administrative Section

ATTN: Lt. Klichowski #386
Bureau of Internal Affairs
General Investigations Section

FROM: Mark Lamberg #1847
Sergeant
General Investigations Section / BIA

SUBJECT: **Synoptic Report for Log # 1072574**
(Weapons Discharge-NO HITS)

INVOLVED OFFICER(S): Police Officer Michael Mayhew
Star #14138 Unit 008 (On Duty-Working VRI)
Employee [REDACTED]
Date of Appointment: 04 Aug 1997
Date of Birth: [REDACTED]

DATE/TIME/ 15 Nov 2014/2129hours
LOCATION: [REDACTED]
OCIC: Deputy Chief Berscott Ruiz

BAC RESULTS: .0000

Reference: Log # 1072574
WD # [REDACTED]
Event # [REDACTED]

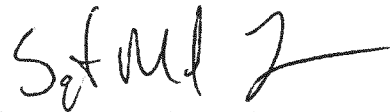
SUMMARY: On 15 Nov 2014, at 2200 hours, Investigating Sergeant was notified by P.O. Chibe #7303 of C.P.I.C. concerning an on duty Police Officer, Michael Mayhew, of Unit 008, in which he discharged his weapon related to an incident in the 022nd District while working V.R.I. The Investigating Sergeant relocated to Area South

BUREAU OF INTERNAL AFFAIRS
Investigations Division
Special Investigations Section

16 Nov 2014
Log 1072574

Detective Division to conduct alcohol/drug testing on Officer Mayhew. The investigating sergeant arrived at Area South at approximately 2330 hours to administer the test for BAC and collect a urine sample from Officer Mayhew.

The Investigating Sergeant issued the NOTIFICATION OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT to Officer Mayhew, which he understood and signed, at 0021 hours. The Investigating Sergeant started the observation period of Officer Mayhew at 0001 hours. Officer Mayhew supplied a breath test sample at 0021 hours, which resulted in a BAC of .000. Officer Mayhew supplied a urine sample at 0028 hours.



Sergeant Mark Lamberg #1847
Investigations Division
General Investigations Section /BIA

APPROVED:



Susan Clark
Lieutenant
Administrative Section / BIA

TEST RECORD
RBT IV

RBT IV# [REDACTED]
DATE 11-16-14
TEST NO. [REDACTED]
ID# [REDACTED]

AS IV# [REDACTED]
TEMPERATURE 11 C

SUBJECT TEST
%BAC TIME

.000 BLANK
.000 AUTO 00:21

SUBJECT

OPERATOR


Lamberg 1047

WITNESS

Area South

TEST LOCATION

Log# 1072574

Last Name: Mayhew
First Name: Michael
Rank: PO
Star #: 14138
Unit: 008
Home Zip Code: _____
Date Hired: 4 Aug 97
Birthdate:  _____

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by SGT Mark Lamberg #1847

☐ Employer Representative

Signature of Employer Representative

PART I -

A. On the 16 day of Nov, 2014 at 0028, [REDACTED]
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to SGT. Mark Lamberg and witnessed this member:
(PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number [REDACTED]

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number [REDACTED]

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.
[REDACTED]	[REDACTED]

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II - The urine specimen with the control number [REDACTED] was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

[REDACTED]
(STAFF MEMBER'S SIGNATURE)

on 17 NOV 14
(DATE)

at 0711
(TIME)

[REDACTED]
(EXAMINEE'S INITIALS)

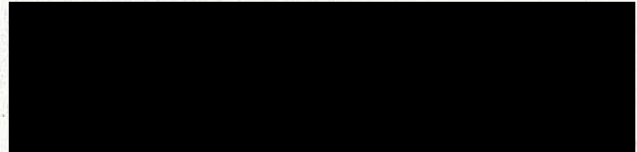
PART III - I attest that the sealed urine specimen bag containing specimen ID number _____

was removed from the Random Drug Testing Unit refrigerator by _____
(RDTU MEMBER)

and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

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STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No. ISHU/CHICAGO POLICE DEPT
RANDOM DRUG UNIT
3510 S MICHIGAN AVE
CHICAGO IL 60653
PH: 312-745-5853 FAX: 312-745-6419 Site Location

B. MRO Name, Address, Phone and Fax No. FORM ID: SAPH500029

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Donor Name: Last: DINA First: [REDACTED]

E. Donor ID Verified: ☒ Photo ID ☐ Emp. Rep.

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) Mandatory Post Weapon Discharge

G. Drug Tests to be Performed: [REDACTED] SAP 9-50/300 MDMA/M

H. Collection Site Name: Area South Collection Site Code: [REDACTED]
Address: [REDACTED] Collector Phone No.: [REDACTED]
City, State and Zip: Chicago IL Collector Fax No.: [REDACTED]

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection: ☐ Split ☒ Single ☐ None Provided (Enter Remark) ☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

<input checked="" type="checkbox"/> <u>Sgt M. J. [Signature]</u> Signature of Collector <u>Mark Lumberg</u> (Print) Collector's Name (First, MI, Last)	<u>0028</u> Time of Collection <u>11/16/14</u> Date (Mo./Day/Yr.)	SPECIMEN BOTTLE(S) RELEASED TO: <input checked="" type="checkbox"/> Quest Diagnostics Courier <input type="checkbox"/> FedEx <input type="checkbox"/> Other Name of Delivery Service Transferring Specimen to Lab
RECEIVED AT LAB: <input checked="" type="checkbox"/> Signature of Accessioner <u>[Signature]</u> (Print) Accessioner's Name (First, MI, Last)	<u>/ /</u> Date (Mo./Day/Yr.)	Primary Specimen Bottle Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark
		SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

☒ [Signature] (Signature of Donor) [Name] (PRINT) Donor's Name (First, MI, Last) / / Date (Mo./Day/Yr.)

Daytime Phone No. () Evening Phone No. () Date of Birth / / Mo. Day Yr.



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name PO Michael Mayhew Title Police Officer
Star No. 14138 Employee No. [REDACTED] Unit 008

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name	Involved Member's Signature	Date and Time
Michael Mayhew	<i>[Signature]</i>	16 Nov 2014 0021

Type of Test: Alcohol	Location: Area South	Date and Time: 16 Nov 2014 0021
Type of Test: Drug	Location: Area South	Date and Time: 16 Nov 2014 0028

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
Sgt. Markj Lamberg #1847	<i>[Signature]</i>	16 Nov 2014

CPD-44.252 (REV. 6/12)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

Observation start time 0001 hours

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 17th day of November 2014, I M. Colon # 24925
received a collected urine specimen from Sgt. Lamberg # 1847. The specimen
was delivered in sealed / unsealed condition, and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by M. Colon # 24925 in the presence
of Sgt. Lamberg 1847

Select One ☐ One tape-sealed vial labeled [REDACTED] removed from the container:
within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by M. Colon # 24925, as witnessed by Sgt.

Specimen delivered by:

Signature

Sgt. Lamberg

1847

Received/stored by:

Signature

M. Colon

24925

Last Name: Mayhew
First Name: Michael
Rank: PO
Star #: 14138
Unit: 008
Home Zip Code: _____
Date Hired: 4 Aug 97
Birthdate: _____

17 NOV 14

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Sgt Mark Lamberg #1847

☐ Employer Representative _____

Signature of Employer Representative

PART I - A. On the 16 day of Nov, 2014 at 0028, I, Michael Mayhew
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Sgt. Mark Lamberg and witnessed this member:
(PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number _____

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number _____

A MAIN TEST VIAL - NO. B ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II - The urine specimen with the control number _____ was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

M. Colan, on 17 NOV 14 at 0211
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____

was removed from the Random Drug Testing Unit refrigerator by _____
(RDTU MEMBER)

and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No. [REDACTED] B. MRO Name, Address, Phone and Fax No. [REDACTED]

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Donor Name: Last: [REDACTED] First: [REDACTED]

E. Donor ID Verified: ☒ Photo ID ☐ Emp. Rep.

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) Mandatory Post-Weapon Discharge

G. Drug Tests to be Performed: 3-BAC, SAP, 7-SC, 100-HH, 100-N

H. Collection Site Name: Area South Collection Site Code: [REDACTED]
Address: [REDACTED] Collector Phone No.: [REDACTED]
City, State and Zip: Chicago IL Collector Fax No.: [REDACTED]

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection: ☐ Split ☒ Single ☐ None Provided (Enter Remark) ☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

☒ Signature of Collector Mark Lemberg Time of Collection 0028 AM
(Print) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.)

RECEIVED AT LAB: ☒ Signature of Accessioner _____
(Print) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO: ☒ Quest Diagnostics Courier ☐ FedEx
☐ Other _____ Name of Delivery Service Transferring Specimen to Lab

Primary Specimen Bottle Seal Intact: ☐ Yes ☐ No, Enter Remark _____

SPECIMEN BOTTLE(S) RELEASED TO: _____

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

☒ Signature of Donor _____ (PRINT) Donor's Name (First, MI, Last) _____
Daytime Phone No. () _____ Evening Phone No. () _____ Date of Birth _____
Mo. Day Yr.

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 17th day of November 2014, I M. Colon #24925
received a collected urine specimen from Sgt. Lamberg # 1847. The specimen
was delivered in sealed / unsealed condition, and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

The packaging was then opened by M. Colon #24925 in the presence
of Sgt. Lamberg 1847. The following were removed from the container:

Select One ☐ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by M. Colon #24925, as witnessed by Sgt.

Specimen delivered by: Sgt. Lamberg
Signature # 1847

Received/stored by: M. Colon
Signature # 24925



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name PO Michael Mayhew Title Police Officer
Star No. 14138 Employee No. [REDACTED] Unit 008

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name	Involved Member's Signature	Date and Time
Michael Mayhew	<i>Michael Mayhew</i>	16 Nov 2014 0021

Type of Test	Location	Date and Time
Alcohol	Area South	16 Nov 2014 0021
Drug	Area South	16 Nov 2014 0028

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
Sgt. Markj Lamberg #1847	<i>SAULZ</i>	16 Nov 2014

CPD-44.252 (REV. 6/12)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

Observation start time 0001 hours



11/18/2014 7:52:20 PM

Drug Detail Report**PATIENT INFORMATION**

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: [REDACTED]

SPECIMEN INFORMATION

REQUISITION: [REDACTED]
LAB REF NO: [REDACTED]
COLLECTED: 11/16/2014 00:28
RECEIVED: 11/18/2014 06:51
REPORTED: 11/18/2014 13:54
DOCUMENT ID:

CLIENT INFORMATION

[REDACTED]
USHW/CHICAGO POLICE DEPT
3510 S MICHIGAN AVE
CHICAGO, IL 60653
CSL: N/P

Reason: OTHER -- MANDATORY POST WEAP DISCHARGE

Tests Ordered: [REDACTED]

Integrity Checks**Acceptable Range**

CREATININE	125.6 mg/dL	>= 20 mg/dL
pH	5.8	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel

	Initial Test Level	GC/MS Confirm Test Level
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AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
MDA-ANALOGUES	Negative	250 ng/mL	200 ng/mL
OPIATES	Negative	300 ng/mL	300 ng/mL
OXYCODONES	Negative	100 ng/mL	100 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL

CERTIFYING SCIENTIST: [REDACTED]

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

ADDITIONAL COMMENTS:

Test Type: MANDATORY POST WEAP DISCHARGE mapped to OTHR